

**MANCHESTER ESSEX REGIONAL SCHOOL DISTRICT
STUDENT RESIDENCY COVER SHEET**



I CERTIFY THAT: _____
(Student's Name)

RESIDES AT: _____
(Student's Address)

WITH: _____
(Parent (s) /Guardian (s))

**AND IS IN FULL COMPLIANCE WITH THE MANCHESTER ESSEX REGIONAL
SCHOOL COMMITTEE'S RESIDENCY POLICY.**

**All parents registering children in the MERSD are required to review the District
residency policy and verify their understanding of the following penalties for enrollment of
a child who does not meet residency requirements:**

- The child's immediate dismissal from school;
- Per diem fines for the educational and related services accessed as a non-resident, which are based on the number of days the student attended school and the average per pupil cost to the District (\$18,410.00); and,
- Possible legal action.

I have read and understand the MERSD's penalties for violation of the residency policy.

Signature of Parent/Guardian

Date